

03560.003451

PATENT APPLICATION

In re Application of:	)
	:
Yoshikazu MIYAJIMA et al.	) Examiner: K. C. Gutierrez
	:
Application No.: 10/820,120	) Group Art Unit: 2851
	:
Filed: April 8, 2004	) Confirmation No.: 8660
	:
For: STAGE APPARATUS, EXPOSURE	) January 5, 2007
SYSTEM USING THE SAME, AND	:
DEVICE MANUFACTURING METHOD	)

**Mail Stop Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10	MINUS	20	0	x \$25 \$50	\$0.00
INDEP. CLAIMS	2	MINUS	4	0	x \$100 \$200	\$0.00
Fee for Multiple Dependent claims \$180/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed to cover the additional claims fee.
- ☐ Charge \$\_\_\_\_ to Deposit Account No. 06-1205.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the extension fee for response within one additional month is enclosed.
- ☐ A check in the amount of \$\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

/Gary M. Jacobs/

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Attorney for Applicants  
Gary M. Jacobs  
Registration No. 28,861

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GMJ/gbm

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